## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICACIÓN

APPLIC

FILING DATE

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| 50<br>TOTAL    | <del></del> + |                            |                   |               |                      |                                       |
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| TOTAL<br>LAIMS | 20            |                            |                   |               |                      |                                       |
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| TOTAL<br>DEP.   |  | <b>(=</b>  | •           | <b>(-</b>      | WHO!               |             |
| TOTAL<br>CLAIMS   |  |  | Š           |                | A                  |             |
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